

# Knowledge of TB among South Africans aged 15 years and older: Findings from HIV surveys 2017 and 2022

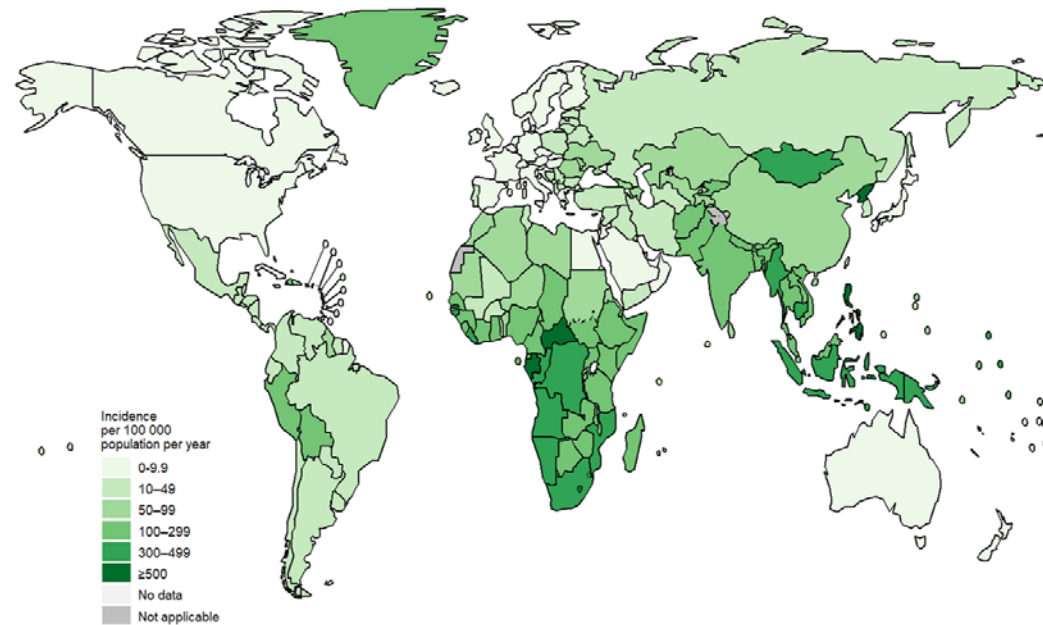
Human Sciences Research Council

5 June 2024

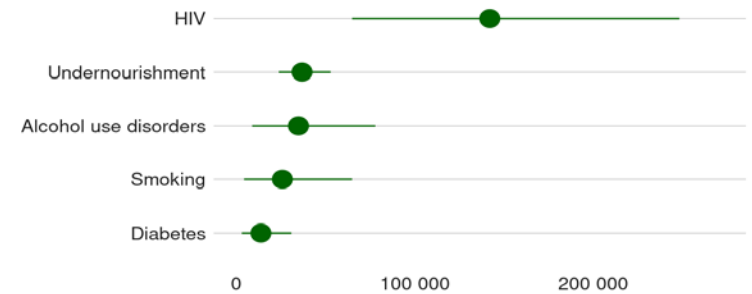
# Overview of presentation

- TB burden and epidemiology in South Africa
- Role/importance of awareness
- Knowledge about TB from HSRC surveys
- Concluding remarks

# TB burden and epidemiology in South Africa



Cases attributable to five risk factors, 2022



|                           | Number                    | (Rate per 100 000 population) |
|---------------------------|---------------------------|-------------------------------|
| Total TB incidence        | 280 000 (182 000-398 000) | 468 (304-665)                 |
| HIV-positive TB incidence | 152 000 (99 000-217 000)  | 255 (166-36)                  |
| MDR/RR-TB incidence**     | 11 000 (6 700-16 000)     | 19 (11-26)                    |



NUMBER OF TB DEATHS 2022

**54 200 (one person every 10 minutes)**

Range 30 300-84 900. (55 400 in 2021 ↓ -2.1%)

# Social and structural drivers of TB in SA

- Poverty
- Crowded living conditions
- Barriers to care
- Lack of disease awareness
- Stigma

# Role/importance of awareness

- NSP - understanding the population's TB knowledge and practices is the first step towards preventing and managing the disease
- Knowledge/Attitude and practices are important factors at every stage of the TB cascade
  - Identifying symptoms and get TB test
  - Act on the results of the TB test [Treatment]

# Knowledge of TB

- Biomedical interventions alone are inadequate to stop the spread of TB
- Mobilising communities for awareness and reducing stigma and discrimination – a fundamental element of the “End TB strategy”
- Lack of knowledge of TB infection:
  - Delayed healthcare seeking
  - Poor treatment outcomes
  - Disease transmission
- To reduce the transmission of TB, there is a need to address:
  - Inadequate TB knowledge on causes, transmission and risk factors

# HSRC HIV surveillance

- Since 2002, the SABSSM series has tracked HIV and the impact of different interventions
- Biomarkers
  - Testing, infections, treatment coverage, and gaps, UNAIDS targets
- Knowledge, perceptions, and attitudes about HIV and TB
  - Risk, behaviours, and stigma
  - TB included because HIV is a major driver of TB in South Africa (nearly 60% attributable cases)

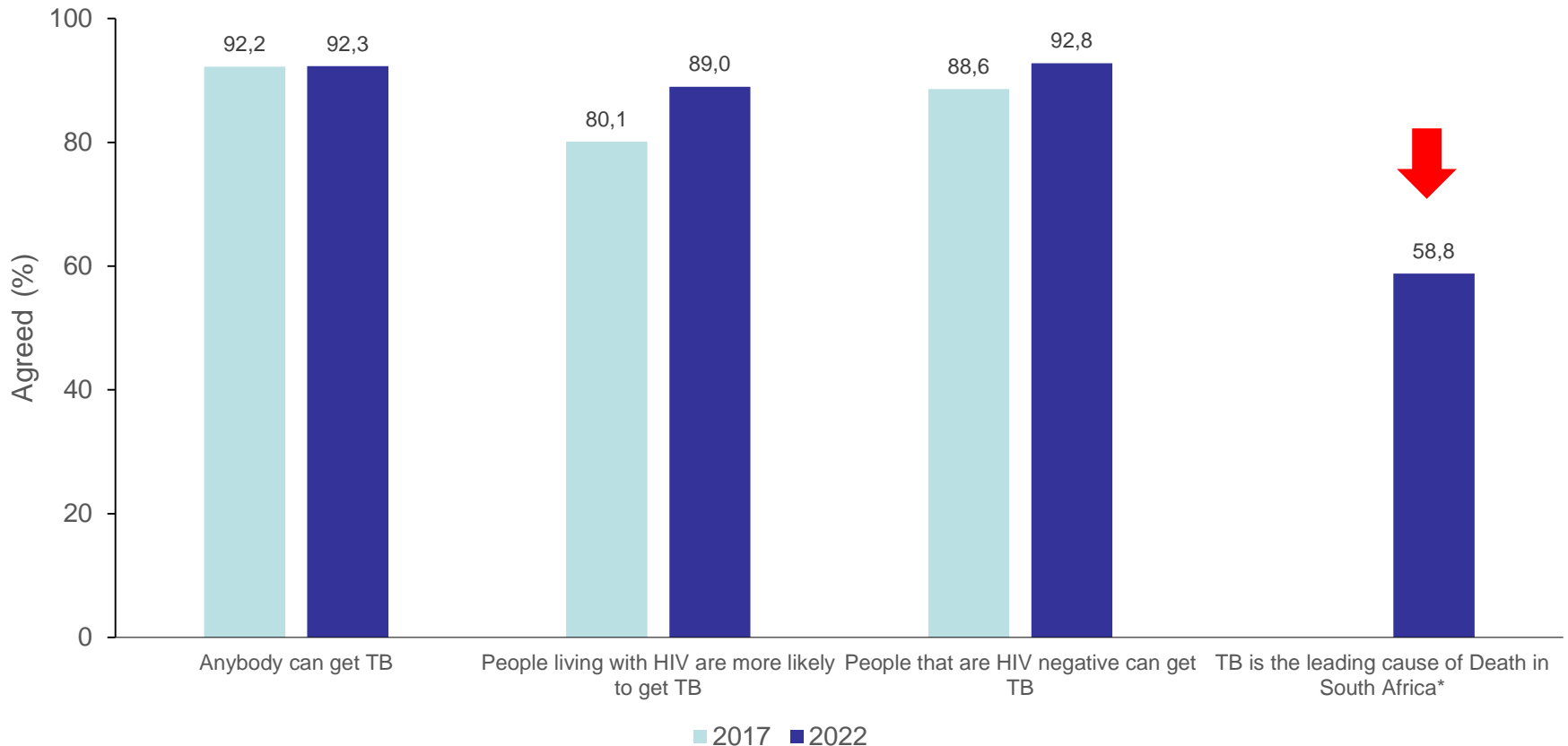
# HSRC HIV surveillance

## WHO-aligned questions:

- Who can get TB?
- Who is more likely to get TB [PLHIV and HIV negative people]?
- Stigma experience [Internalised and externalised]

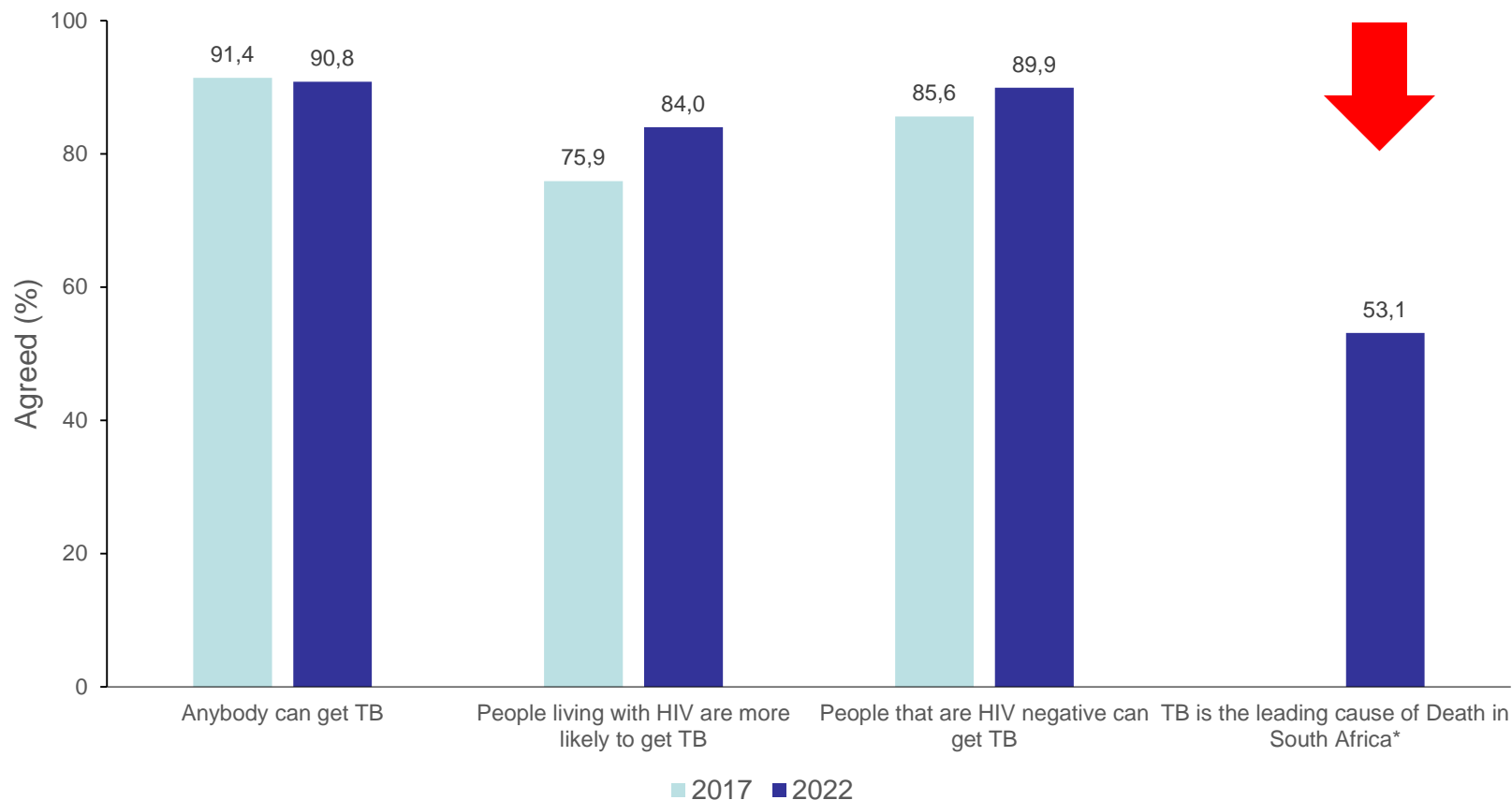


# Knowledge about TB risk in people 15 years & older, SABSSM 2017 & 2022 among PLHIV



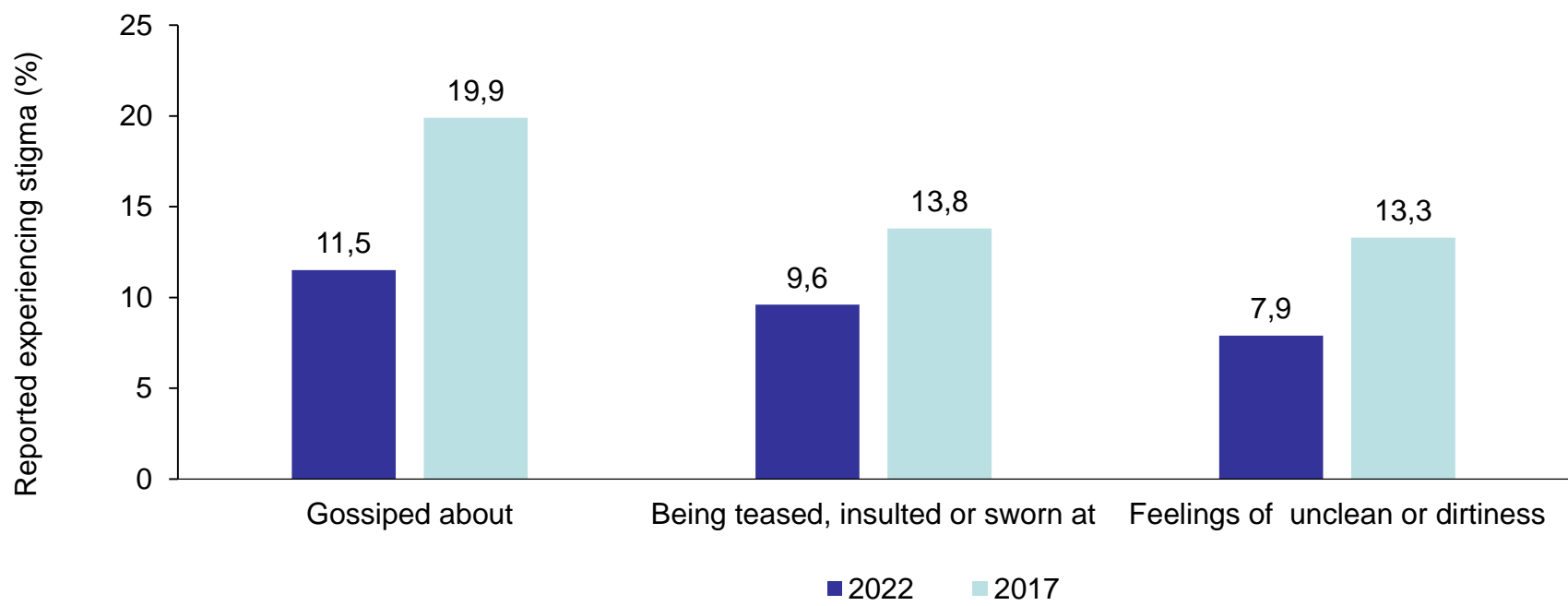
\*Not asked in 2017

# Knowledge about TB risk in people 15 years & older, SABSSM 2017 & 2022 – People without HIV



\*Not asked in 2017

# Stigma in PLHIV 15 years & older who reported having TB, SABSSM, 2017 & 2022



## Reported stigma in PLHIV who reported having TB

# Concluding remarks

- Majority are knowledgeable about transmission and those at risk
- Awareness of TB mortality is low
- Stigma associated with TB
  - Impact TB treatment uptake and increase the fatality rate among PLHIV
  - Indicate a prompt need to scale up TB and HIV education

# Acknowledgements

- SABSSM study team
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# THANK YOU



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